



**Rhode Island Department of Health  
Division of Health Services Regulation  
Emergency Medical Services**

3 Capitol Hill, Room 105  
Providence, RI 02908-5097

*Application for*  
**License as an  
Emergency Medical Technician**

Select the level of EMT Licensure you are applying for (check one):

☐ EMT-Basic (EMT-B)    ☐ EMT-Cardiac (EMT-C)    ☐ EMT-Paramedic (EMT-P)

---

**Applicant - Print Name (First/MI/Last)**

FOR DEPARTMENT OF HEALTH USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date _____	By _____
EMT # _____		Expiration Date _____	

**Phone: (401) 222-2401**

**Fax: (401) 222-3352**

**TTY/TDD: (800) 745-5555**

## GENERAL INFORMATION

---

1. Full instructions for completing this application are provided in the Instructions for Licensure as an Emergency Medical Technician, available on the Division of EMS web site at <http://www.health.ri.gov/professions/amb.php>.
2. Requirements for EMT licensure are established by the Rules and Regulations Relating to Emergency Medical Services (R23-4.1EMS), available through the Division of EMS web site at <http://www.health.ri.gov/professions/amb.php>.
3. EMT licensure can be denied pursuant to the provisions of the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS). False/incorrect statements or documents may be considered sufficient cause to deny or revoke a license as an EMT in Rhode Island and may result in additional penalties as determined by law. The Department may conduct random application audits, requiring the EMT applicant to file proof of completion of the above training requirements for renewal.
4. Should you have any questions regarding the EMT license requirements or completion of the application form, contact the Division of Emergency Medical Services at (401) 222-2401.

## APPLICATION INSTRUCTIONS

---

1. Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed. Please mark "NA" on questions that are Not Applicable.
2. Do not detach any full pages from this booklet.
3. Please use a **ball-point type pen** when completing these forms.
4. Sign the application and return it with the required fee(s). Do not submit the application without all applicable information, documentation and fee(s).
5. Mail the completed application to:  
Rhode Island Department of Health  
Division of Emergency Medical Services  
Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
Please note: Extra postage will be required.
6. **Faxed applications WILL NOT be accepted.**

## REQUIRED DOCUMENTATION

---

1. Photostatic copy (front and back) of a current Healthcare Provider level or equivalent cardiopulmonary resuscitation (CPR) card (American Heart Association *Healthcare Provider*, American Red Cross *Professional Rescuer*, American Safety and Health Institute *CPRPRO*, Medic First Aid *BLSPRO*, or National Safety Council *Professional Rescuer CPR*.)
2. Photostatic copy of diploma or certificate from the sponsoring agency/school verifying completion of the EMT training program specific to the level of licensure application.
3. Documentation of EOA-PASG (MAST) training (only required of out-of-state trained applicants).
4. Photostatic copy of EMT license from a state other than Rhode Island, if applicable.
5. Photostatic copy of current registration with the National Registry of Emergency Medical Technicians if applying for EMT-Basic reciprocity. This is required for EMT-Paramedic licensure.
6. Interstate Verification Form completed by each state (other than Rhode Island) in which the applicant has been licensed and/or trained as an EMT (if applicable).

**IMPORTANT: Licensure is an individual responsibility and not the responsibility of your employer or supervisor.**

# Application for License as an Emergency Medical Technician

**1. Name(s)**

--	--	--	--	--	--	--	--	--

[illegible][illegible][illegible][illegible][illegible]

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

--	--	--	--

-

--	--

-

--	--	--	--

## MANDATORY INFORMATION

☐ Male ☐ Female

--	--	--	--

Year

[illegible]

City and State; OR Province and Country, etc., if NOT U.S.

[illegible][illegible][illegible]

Second Line Address (Number and Street)

[illegible]

Zip Code

[illegible]

Postal Code, if NOT U.S.

--	--	--

--	--	--

-

--	--	--	--

Home Fax

[illegible]

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

Have you ever been licensed as an EMT in Rhode Island?

☐ Yes ☐ No

If the answer to this question is “yes”, provide license number, and if applicable, enter all other state abbreviation(s) of EMT licenses you hold or may have held in Question 7.

**RHODE ISLAND LICENSE NUMBER**

E	M	T					
---	---	---	--	--	--	--	--

License Number		

**Applicant: Print your complete last name >**

**7. Other State Licensure**

List all states or countries in which you are now or ever have been licensed to practice as an EMT.

State/Country:

\_\_\_\_\_ ☐ Active ☐ Inactive

\_\_\_\_\_ ☐ Active ☐ Inactive

\_\_\_\_\_ ☐ Active ☐ Inactive

\_\_\_\_\_ ☐ Active ☐ Inactive

State/Country:

\_\_\_\_\_ ☐ Active ☐ Inactive

\_\_\_\_\_ ☐ Active ☐ Inactive

\_\_\_\_\_ ☐ Active ☐ Inactive

\_\_\_\_\_ ☐ Active ☐ Inactive

**8. EMT Training Program Information**

Please enter the Last Name and License Number of the Instructor-Coordinator who provided you with your EMT training. Also, provide the name of the Sponsoring Agency, the dates of the training program and the Course Approval Number.

\_\_\_\_\_

Last Name of Instructor-Coordinator

**E M T** \_\_\_\_\_

License Number of Instructor-Coordinator

**NOTE: The EMS Instructor-Coordinator's License Number is the same as their RI EMT License Number**

\_\_\_\_\_

Sponsoring Agency

Date Enrolled:

\_\_\_\_

Month

\_\_\_\_

Day

\_\_\_\_

Year

Date Completed:

\_\_\_\_

Month

\_\_\_\_

Day

\_\_\_\_

Year

Course Approval #:

\_\_\_\_

—

\_\_\_\_

**NOTE: The Course Approval Number was given to you at the start of your training course. It may be obtained by contacting the EMS Licensed Instructor-Coordinator who provided your training.**

**9. Disaster Availability**

I am interested in becoming a volunteer emergency responder during a disaster or state of emergency.

☐ Yes ☐ No

**10. Rhode Island EMS Dept/Service Affiliation**

Please list only ONE affiliation. If you have no affiliation, please mark question as NA. This address will appear on the Department of Health web site.

\_\_\_\_\_

Rhode Island EMS Department/Service Affiliation

\_\_\_\_\_

1st Line Address (Department/Suite/Room Number, etc.)

\_\_\_\_\_

Second Line Address (Number and Street)

\_\_\_\_\_

City

\_\_\_\_

State

\_\_\_\_

Zip Code

\_\_\_\_

\_\_\_\_\_

Country, If NOT U.S.

\_\_\_\_

Postal Code, if NOT U.S.

\_\_\_\_\_

Home Phone

\_\_\_\_

—

\_\_\_\_

Extension

Home Fax

\_\_\_\_

—

\_\_\_\_

\_\_\_\_\_

Home Phone

Extension

Home Fax

\_\_\_\_\_

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

**11. Dept/Service Affiliation Verification**

To be completed by Chief of department or service.

I hereby certify that \_\_\_\_\_ is a bonafide member of my EMS Service/ Department and that said affiliation is true and accurate.

\_\_\_\_\_  
Signature of Chief

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed Name of Chief

**Applicant: Print your complete last name >**

**12. Criminal Convictions**

Respond to the question at the top of this section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Have you ever been convicted of a violation, plead *Nolo Contendere*, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

☐ Yes ☐ No

Abbreviation of State and Conviction (e.g. CA - Illegal Possession of a Controlled Substance):

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**PLEASE NOTE:** If you answered "Yes" to Question #12, your application will not be accepted or processed without a FULL Bureau of Criminal Identification (BCI) report attached. Rhode Island residents may obtain this information from the RI Attorney General's Office, 150 South Main Street, Providence, RI 02903 Tel. (401) 421-5268. Out-of-state applicants should obtain their full BCI report from their state of residence. If an offense occurred in another state, a full BCI will also be required from the state in which the offense occurred.

**13. Disciplinary Questions**

Check either Yes or No for each question.

A. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

☐ Yes ☐ No

B. Have you ever been denied a Health Professional license, certificate, registration or permit in any state?

☐ Yes ☐ No

C. Has an EMS Department/Service, for any reason, ever suspended, restricted, or placed on probation your EMS privilege to practice?

☐ Yes ☐ No

**NOTE:** If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

**14. National  
Registration**

Are you currently certified by the National Registry of Emergency Medical Technicians (NREMT)?

☐ Yes ☐ No

If the answer to this question is "yes", please provide certification information below:

NREMT #:

--	--	--	--	--	--	--	--

Expiration Date:

Month	

Day	

Year			

**15. Payment  
of Fees**

Select appropriate fees and enclose payment as instructed.

- ☐ Application Fee .....\$ 90.00
- ☐ Examination Fee .....\$ 90.00
- ☐ Re-examination Fee .....\$ 60.00

*Please select these two options when submitting your initial application for an EMT-Basic or EMT-Cardiac license.*

**TOTAL ENCLOSED     \$**

--	--	--

**.00**

- ☐ I am exempt from application/examination fees (see below, must complete Items #10 and #11)

**EXEMPTIONS:** Per Section 23-4.1-10, the following categories of Rhode Island Licensed EMS Providers are considered "Exempt":

- City or town services, vehicles and their employees.
- Volunteer or not-for-profit services, vehicles and individuals providing services therein.
- Fire district service, vehicles and individuals providing services therein.

Required fees must accompany the EMT renewal application. Fees must be made payable by **cashier's check or money order** to the General Treasurer, State of Rhode Island.

**PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE**

**16. Taxpayer  
Status/Identity  
Verification**

- ☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy.     (Case # \_\_\_\_\_ )
- ☐ I am in state receivership.     (Case # \_\_\_\_\_ )
- ☐ I have been discharged from bankruptcy.     (Case # \_\_\_\_\_ )

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below. In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

**17. Affidavit of Application**

Complete this section and sign.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Emergency Medical Technician in the State of Rhode Island. I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Division of Emergency Medical Services of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

FOR DEPARTMENT OF HEALTH USE ONLY

☐ Approved    ☐ Denied    Date \_\_\_\_\_ By \_\_\_\_\_ EMT # \_\_\_\_\_ Expiration Date \_\_\_\_\_